



# TAURANGA AERO CLUB

## MEMBERSHIP APPLICATION FORM

### APPLICANT INFORMATION

Full Name:

Date of birth: DD / MM / YYYY

Phone:

Mobile Phone:

Current address:

Suburb:

City:

ZIP Code:

Email:

Occupation:

### DETAILS OF LICENCES HELD

Current Licences Held:

Hours Flown:

Last BFR: DD / MM / YYYY

Medical Held:

Medical Expires: DD / MM / YYYY

Where did you gain your flying experience?

### MEMBERSHIP DETAILS

Full Single Membership: **\$140** annually

Couple Membership: **\$140** plus **\$20** annually

Social Membership: **\$40** annually

Are you learning to fly?

What is your main reason for learning to fly?

How did you find out about the Tauranga Aero Club?

Why did you choose the Tauranga Aero club?

### SIGNATURES

I agree to be bound by the rules and regulations of the Tauranga Aero Club. I acknowledge that the club is in no way responsible for any injury or damage sustained by me or for any damage, which may be done to my property while I am on the Clubs premises or in Club aircraft. I indemnify the Club against any claims brought by any third party in respect of damage or injury caused by me while I am on the Clubs premises or in Club aircraft.

Signature of applicant:

Date: DD / MM / YYYY

If under the age of 18 must be signed by a Parent/Guardian

Proposed By:

Signature:

Date: DD / MM / YYYY